

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1	1				
3	2					
4	1					
5	1	1				
6	1					
7	1					
8	1					
9	1					
10	2					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1	1				
17	2					
18	1					
19	1					
20	1					
21	1					
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45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	21					
TOTAL CLAIMS	24					

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
55					
56					
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97					
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					